

**DEPARTMENTAL
POLICY****State Disability Assistance (SDA) Only**

Special living arrangement (SLA) provider payments for SDA recipients are made in Bridges. The following SLAs are eligible for provider payments:

- Homes for the Aged (HFA).
- Adult Foster Care (AFC) (only if receiving domiciliary or personal care).
- County Infirmaries (CTI) (only if receiving domiciliary or personal care).

Note: AFC and CTI residents not certified for domiciliary or personal care are considered in independent living; see BEM 515.

A type of care determination, which affects the payment rate, must be made before the provider can be paid; see BEM 615. Refer to BEM 616 for client eligibility information.

**Liaison With
Facility**

SLA facilities send notices of admission, extended stay and discharge to the local office where the facility is located. If the client's residence county continues to handle the SDA case, the local office where the facility is located forwards all eligibility and payment information to the residence county.

**Payment for SLA
Facilities**

Bridges requires that:

- The facility is enrolled as a provider.
- There is an active SDA case **or** SDA was active for the period being authorized.
- The SDA/SLA provider has an active assignment on the eligible SDA case. The provider must submit a DHS-768, Invoice/Adjustment Request.

Provider enrollment and payment authorization information are entered in Bridges. Payment is then made to the provider based on

the number of days billed by the provider compared to authorization information; see **Authorizing SDA/SLA Provider Payment** in this item.

The provider payment does not include the client incidentals allowance. Incidentals are placed on the client's Bridge Card by electronic benefits transfer (EBT). Provider payments go directly to the provider.

Authorizing SDA/SLA Provider Payments

After the case has been opened in Bridges, authorize the provider payment. The authorization timeframe is only for the time period the client was in that provider's facility. An invoice (DHS-768) must be sent to the provider for each month in the authorization. The invoice allows the provider to bill for services provided.

Note: It is recommended you send enough invoices (DHS-768) to the provider to cover the authorization period for a year (at least 12) at opening.

Authorizations are entered in Bridges, located in data collection, wrap up, SDA provider assignment. Authorizations are for whole months or portions of months. The authorization must reflect:

- The assigned provider.
- Dates the client resided in the facility. If the end date is unknown it is appropriate to align the authorization date with the redetermination date.
- Service Code based on type of care and provider type.

An authorization can be entered **only** if:

- Bridges shows either that SDA is currently active or that it was active for the period being authorized.
- The authorization begin date is no more than 10 days prior to the date of application (registration).
- The authorization end date is within the previous or next 12 months. If appropriate it should coincide with the redetermination date.

AUTHORIZATION CHANGES

Incorrect Services Codes

In Bridges, if an incorrect service code has been entered or if payment has been made for any portion of the authorization period, enter the correct information and rerun Eligibility. See Underpayments to Providers and Overpayments to Providers in this item for correction procedures.

Change Client Pay

Bridges will determine the client pay amount when the clients income information is entered or changed. The CSCD entered will determine the effective date of the change. A client pay amount can be changed monthly but is **always** effective for a calendar month.

Increases in client pay amount require timely notice and decreases require adequate notice. Authorizations may never be changed retroactively to increase a client pay amount.

Retroactive Adjustments

Authorizations can be changed retroactively if incorrect **and** the change is for a period within the past 12 months. Submit requests for changes older than 12 months through the exception process.

Unpaid Portions

Unpaid portions of authorizations can be changed for any of the following reasons:

- To enter an earlier end date because the client died or moved from the facility.
- Change in the client pay amount.
- Incorrect type of care.
- Incorrect authorization dates.
- Wrong provider authorized.

Paid

The only change that can be made to a paid authorization is to **decrease** the client pay amount or increase the type of care.

**DHS-768 Invoice/
Adjustment
Request)**

To receive payment a provider must complete and submit a DHS-768. Each DHS-768 covers a calendar month, a new DHS-768 must be submitted for each additional month or portion of a month.

Example: If the client is in care from 6/24-7/29 they must provide 2 separate invoices, one for 6/24 to 6/30 and a separate one for 7/1 to 7/29, as care was provided in 2 different calendar months.

The completed DHS-768 should be mailed to:

Michigan Department of Human Services
Field Operations Administration, Suite 1402
P.O. Box 30037
Lansing, MI 48909

**Authorization
Terminations**

End an authorization when the client:

- Is no longer eligible for SDA.
- Is no longer eligible for provider payment due to income (also see **Repayment Agreements** in this item).
- Leaves the facility.

End the authorization by entering an end date

The end date is:

- The date the client is no longer eligible for SDA.
- The date the client is no longer eligible for facility payment.
- The day **before** the client leaves the facility.

If the client enters another facility, complete another authorization. If the client dies, the end date is the date of death.

Bridges will automatically end an authorization when the:

- Address is changed.
- Case is closed.
- End date is reached.

End an authorization when a client remains eligible for SDA, but is no longer eligible for the provider payment paid by the department.

Clients with Budgetable Income

Enter the client income in Bridges and Bridges will deduct the client's net countable income from the provider payment.

Bridges determines if the per diem provider payment exceeds the client pay for that period before authorizing payment. Bridges will **not** authorize provider payment if it is less than the client pay.

Repayment Agreements

Clients who have signed a repayment agreement must repay the department for SDA benefits, including provider payments, when the potential benefit is received ; see BEM 272, SDA Repay Agreements.

Bridges determines if continuing eligibility exists and if not will close the case. Central office or the fiscal unit determines the amount to be recovered based on the monthly provider and incidentals payments. They will check Bridges for provider payments actually made during the repay agreement period and for pending payments which cannot be stopped. These payments will be included in the recovery calculations.

PROVIDER INFORMATION

Bridges Provider Enrollment

Local Office RSS enrolls providers in Bridges Provider Management using Form DHS-2351X, Model Payment Provider Enrollment Request. Providers must be enrolled before an authorization for provider payment can be entered in Bridges. Each facility must be enrolled. After enrollment, Bridges will assign a provider ID number. Bridges Provider Notices

Each time a provider payment authorization is started, stopped or changed in Bridges, the affected provider will be notified. Use SDA Provider Assignment inquiry to resolve any questions about current authorizations or authorization history.

**DHS-769, Invoice
Error Notice**

When the DHS-768 does not contain all required information, payment will not be approved. A DHS-769, Invoice Error Report will be sent to the provider to notify them the reason the payment can not be made. The provider can choose to correct the returned invoice or submit a new one.

**SDA/SLA PAYMENT
INFORMATION****SDA/SLA Warrants**

Provider payments are made through Bridges based on invoices submitted by providers. Payrolls are run weekly. A consolidated warrant is issued for each facility and includes payments for all invoices processed that week.

Invoices may be submitted any time after the pay end date. Each weekend a payroll tape is processed and forwarded to the Department of Treasury for warrant issuance. Mailing is scheduled for the following Thursday. Warrants are usually delayed when a holiday occurs.

**SDA/SLA Provider
Warrant Rewrite**

BAM 500 and BAM 505 include information on requesting a warrant rewrite. Warrant rewrites are included in the weekly payroll. The disposition code is posted the day the rewrite is entered, but the voucher number and location are not assigned until the payroll is run and are therefore not posted until the rewritten warrant is issued.

**WARRANT
CREDITING AND
REDIRECTING**

The Reconciliation and Recoupment Section (RRS) in the Bureau of Accounting will request provider warrant intercept and crediting to recover any overpayment. This occurs whenever a provider over-

payment remains unresolved after RRS issues a final overpayment notice to the provider.

OVERPAYMENTS/ RECOUPMENT

Overpayments to Clients

Client overpayment, including provider payment, which is not a result of incorrect facility billing or an error in the type of care authorized, is recouped from the client (see BAM 705). This includes FIP or SDA overpayments resulting from failure to notify the department of changes in living arrangements.

Overpayments to Providers

Overpayments to providers which are a result of incorrect billing for periods for which services were not provided or for incorrect type of care authorizations, are recouped from the provider by the Bureau of Accounting. Contact the facility, inform them of the overpayment and request repayment.

If the facility does not cooperate or refuses, submit a memo to the Reconciliation and Recoupment Section. Include a brief explanation of the overpayment circumstances and **all** of the following information:

- Provider name and ID number.
- Case name(s) and number(s).
- Overpayment amount(s).
- Overpayment period(s).
- Appropriate documentation.
- Account number and cost center.

Refer to the Warrant Crediting and Redirecting section in this item for warrant intercepts resulting from recoupment efforts.

**UNDERPAYMENTS/
ADJUSTMENTS****Underpayments to
Clients**

BAM 405 contains information on authorizing supplements to SDA clients for underpayment of incidentals and special needs.

**Underpayments to
Providers**

If a provider is underpaid for care provided, such as, client pay decreases, or type of care increases, issue a DHS-768 to the provider to rebill for that month. The provider completes the form using the correct information for the entire month. **Inform the provider to identify a changed invoice by placing CORRECTION at the top of the form.**

**SLA POLICY
EXCEPTION
PROCESS****Local Office**

Local office directors or district managers may authorize exception requests due to administrative error in the following situation:

The client:

- Made timely application for assistance.
- Cooperated in the interview and verification processes.
- Left the facility before the application could be approved.

A cover memo explaining the situation and requesting exception unit authorization input, may be sent directly to:

Field Operations Administration
Grand Tower Building-Suite 1402
P.O. Box 30037
Lansing, MI 48909

Central Office

A policy exception and authorization exception input request are required for:

- An authorization for provider payment for a period more than ten days prior to the SDA application (registration) date.

Central office will provide notification of decisions made on exception requests. Notify the client of the exception decision.

Problem Resolution

Contact FIP-SDA-RAP@michigan.gov or the local office Field Operations Specialist to resolve SDA/SLA related difficulties.

LEGAL BASE

SDA

Annual Appropriations Act
Michigan Administrative Code; R 400.3151-400.3180